

## **7-Day Grievance Review Case Summary Sheet**

(A copy of this Summary Sheet will be provided to all participants of the Grievance Review Hearing)

1. Date notice was provided to the caregiver:
2. Date summary sheet completed:
3. Date the CSW/SCSW first verbally notified caregiver about proposed removal:
4. Caregiver information
  - a) Caregiver name, address, telephone number:
  - b) Summarize (in 3-5 sentences) any referrals involving this caregiver, if applicable:
5. Child's information
  - a) Child's name:
  - b) Explain (in 3-5 sentences) why the child and his/her family are involved with DCFS:
  - c) How long has the child been in out-of-home care and how long has the child resided with this caregiver?
6. Why is the Regional Office recommending removal of this child from the caregiver?
7. What is the Regional Offices' position regarding whom the child should live with based on his/her best interest? Explain why this is in the child's best interest:

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### **8. Information regarding the basis for the grievance**

- a) Caregiver's view of the proposed removal:**
  
- b) Child's view of the proposed removal:**
  
- c) Relevant family dynamics, child's special needs (e.g., medical, mental health, developmental, behavioral, etc., if any):**

### **9. Information regarding the Dependency Court Case**

- a) Court orders regarding placement (if any):**
  
- b) Visitation / other placement issues (including siblings, as applicable):**
  
- c) Next court date, type of hearing, and planned recommendation:**

### **10. When was the most recent Concurrent Planning Assessment (CPA) completed and what was the Permanency Division approved recommendation?**

### **11. Was a Child and Family Team Meeting conducted/considered to address the placement concerns/replacement planning and if so who was present, and what was decided/planned during the meeting?**

### **12. Attempts made to resolve matter with current caregiver and results of those attempts:**

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\_\_\_\_\_  
Children's Social Worker (**signature**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Children's Social Worker (printed name)

\_\_\_\_\_  
Supervising Children's Social Worker (**signature**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Children's Social Worker (printed name)

\_\_\_\_\_  
Assistant Regional Administrator (**signature**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Regional Administrator (printed name)

Email the completed form to [\*\*GRrequest@dcfs.lacounty.gov\*\*](mailto:GRrequest@dcfs.lacounty.gov)